March of Dimes Mission

to improve the health of babies by preventing birth defects, premature birth and infant mortality
Change in Measurement of Preterm Births

Fewer babies are now counted as preterm due to a change in measurement by the National Center for Health Statistics (NCHS).

This change has major implications for national and state preterm birth rates:

- The US has met the 9.6% 2020 preterm birth goal, seven years early.
- All states have lower preterm birth rates.
Change in Measurement

The National Center for Health Statistics uses two ways to estimate gestational age:

1. Last Menstrual Period (LMP) - Assumes fertilization occurs 14 days after last menstrual period.
2. Obstetric Estimate (OE) - Utilizes all available prenatal/perinatal evaluations, including ultrasounds. Ultrasound in early pregnancy preferred.

Why the change?
New evidence that OE-based data is a more accurate measure compared to LMP-based data.
Preterm Birth Rates


*2014 data based on obstetric estimate (OE) of gestational age; all previous years based on last menstrual period (LMP).
Preterm is less than 37 weeks gestation.
### 2015 Premature Birth Report Card

<table>
<thead>
<tr>
<th>State</th>
<th>Preterm Birth Rate</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Virginia</td>
<td>10.8%</td>
<td>D</td>
</tr>
</tbody>
</table>

The March of Dimes Prematurity Campaign aims to reduce preterm birth rates across the United States. Premature Birth Report Card grades are assigned by comparing the 2014 preterm birth rate in a state or locality to the March of Dimes goal of 8.1 percent by 2020. The Report Card also provides city or county and race/ethnicity data to highlight areas of increased burden and elevated risks of prematurity.
## COUNTIES

Counties with the greatest number of births are graded based on their 2013 preterm birth rates. The status indicator shows whether the 2013 county rate is higher (●), lower (●), or the same (●) as the 2013 state rate (10.5%).

<table>
<thead>
<tr>
<th>County</th>
<th>Preterm birth rate</th>
<th>Grade</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kanawha</td>
<td>14.1%</td>
<td>F</td>
<td>●</td>
</tr>
<tr>
<td>Berkeley</td>
<td>9.2%</td>
<td>B</td>
<td>●</td>
</tr>
<tr>
<td>Cabell</td>
<td>13.7%</td>
<td>F</td>
<td>●</td>
</tr>
<tr>
<td>Monongalia</td>
<td>8.6%</td>
<td>B</td>
<td>●</td>
</tr>
<tr>
<td>Wood</td>
<td>12.6%</td>
<td>F</td>
<td>●</td>
</tr>
<tr>
<td>Raleigh</td>
<td>10.4%</td>
<td>D</td>
<td>●</td>
</tr>
</tbody>
</table>
Achieving the 2020 and 2030 Preterm Birth Reduction Goals

Focus on evidence-based interventions that we know can help prevent preterm birth:

- Smoking cessation
- Appropriate use of 17-P hydroxyprogesterone
- Elimination of elective deliveries before 39 weeks
- Optimal pregnancy spacing

Fund Prematurity Research Centers to find the causes of preterm birth and additional prevention methods
For More Information…

Visit [www.prematurityprevention.org](http://www.prematurityprevention.org) and sign up as a user for the latest on preterm birth prevention.

Check out [www.prematurityresearch.org](http://www.prematurityresearch.org) to learn about the five transdisciplinary March of Dimes Prematurity Research Centers.
HAPPY PREMATURENESS AWARENESS MONTH 2015!